

SPECIALTIES COMPANY

11 N GULF BLVD FREEPORT TX 77541

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WWW.HOSESINC.COM

APPLICATION FOR CREDIT

NAME OF FIRM OR INDIVIDUAL: _____

COMPANY PHYSICAL ADDRESS: _____

YEARS AT PRESENT ADDRESS: _____

COMPANY PRESIDENT: _____

BILLING ADDRESS: _____

AP EMAIL: _____

PHONE: _____ FAX: _____

MAIN OFFICE LOCATION: _____

YEARS COMPANY HAS BEEN IN OPERATION _____

DOES COMPANY USE PO# OR JOB#? _____

DNB#- _____

TAXABLE OR NON-TAXABLE OR BOTH? _____

If non-taxable please provide tax exempt form.

CREDIT REFERENCES WITH EMAIL AND PHONE

1) _____

2) _____

3) _____

4) _____

5) _____